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I.

MODERN MEDICAL ETHICS ;

Or State Maxims in Medicine.
By PHILO-ETHICUS, *Artium*
Magister, &c.

(CHAPTER THE FIRST.)

MEDICAL ETHICS (in the modern sense) must be considered the most important branch of our professional studies, because it involves the *science* of life (a knowledge of human nature) and the *art* of turning that knowledge to the greatest possible advantage. Now it is very remarkable that, although this noble science of life, this useful *art*, has been cultivated with great success during the last twenty years, and is now brought to the highest degree of perfection, not a line has been written on the subject, or any code of instructions put on record, for the benefit of the *rising* or the *falling* generation! It appears to be what lawyers call the *LEX NON SCRIPTA* ;—it is perfectly well understood by adepts ; but hitherto it has been thought incapable of taking a tangible shape, even under the creative power of the press. We believe this is partly true ; for much of the noble art is, like the *tact* or even the skill of the physician, incommunicable by words. But still we hope to show that there are fundamental maxims in medical ethics which will prove useful text-books for those who are de-

sirous of making progress in the art. Some one has said, "*ars tota in observationibus*"—that is, medical practice consists entirely in the treatment of single cases. So in medical ethics, the whole consists of insulated maxims founded on observation. These maxims require no particular arrangement—at least we shall give them none—but we will set them down as they occur to our recollection, and solicit the assistance of our friends in augmenting the list from time to time. We shall commence with the medical man's initiation into *practice*. With the previous education, classical or professional, we have nothing to do. There are different opinions respecting the necessity of either ; and we shall not attempt to unloose the Gordian knot.

CHAPTER I.

MAXIM I.

Set up your carriage. Without this symbol you cannot *get into* practice—without it, you could not *get through* practice—and without it, you should not *go out* of practice. To *get into* practice, let your carriage be elegant, your liveries splendid, your horses very fast goers. If they run over half a dozen hapless pedestrians annually, and your coachman is punished by the magistrates, all the better. Even an occasional *deodand* will be a *God-send* in the way of repu-

tation. To *get through* practice, you may slacken your pace, reduce the breadth of the embroidery on your liveries, paint your carriage but once in three years, and exchange your blood horses for common jobs. To *get out* of practice, it is not essentially necessary to put down your carriage. There are many other auxiliaries, which it would be useless to mention. The progress is somewhat analogous to that of parturition,—it is wonderful what NATURE and TIME will do in this way!

You should never be seen lolling about in your carriage, “spying farlies” out of the windows. Always appear to be making notes of your appointments; and ever and anon call out to the coachman to quicken his pace. Be sure to have an inkstand pinned in front of the carriage, and keep the seat strewn with letters from your patients.

MAX. II.

Dress and Address.—Great attention should be paid to these, while *getting into* practice. When your reputation is firmly established, your dress may be slovenly even to malpropreté; and your *address* may be uncourteous even to rudeness, with considerable advantage. Strange as it may appear, it is yet a certain fact, that it is nearly as difficult to throw off as to acquire a well-earned fame in medicine. On the other hand, fame without a solid foundation, is like a ship without ballast,—liable to be upset by the first squall.

MAX. III.

Search the journals for a long catalogue of desperate cases, which you are to get carefully by heart, making them all terminate favorably under your own superintendence. With a minute retail and

detail of these, you are to entertain each of your patients during three-fourths of the time which you devote to the daily visit. You are also to relate the same histories to every individual with whom you come in contact, professional or non-professional, so long as they have patience to listen to, or credulity to believe them. This maxim ranks next in respectability, and perhaps success, to the ingenious *patent one* of Dr. Eady.

MAX. IV.

Never appear at the Opera, theatre, public assembly, private party, or medical society, without a well-arranged plan of being called out,—in other words, of being “particularly wanted,” to attend some person in great danger. If any noted personage can be prevailed upon to lend his or her name, as the *appellant* on such occasions, the patronage will be invaluable. The moment the call is made, you are to bustle forth, otherwise the advantage of a personal recognition may be lost.

MAX. V.

Hospitals and Infirmaries. There is now some discrepancy of opinion respecting the policy of connecting yourself with a public institution. If you are *very clever*, you will hardly want such an auxiliary;—if *very much the reverse*, you may stand a chance of some unpleasant exposures. In all cases it is very proper to present yourself as a candidate, taking care to procure a long list of testimonials for the printed circular and for the public advertisement.* If defeated, you

* There is not the slightest necessity even to announce your intention to canvass for an appointment to an hospital or dispensary, when any vacancy occurs. You have only to say that you will, *on a future occasion*, present yourself as a can-

have "made yourself favorably known to the public," and are entered on the list for every future contest. If successful, a wide theatre for your talents and ingenuity is opened. As a matter of course, you become a public lecturer; and a necessary consequence is, a niche in the TEMPLE OF FAME, i. e., the head of the first column in every morning paper. In this extended metropolis, it is essential that every facility should be given to students, who wish to attend your lectures; and therefore the *particulars* are to be learnt, not only at the school where you teach, but at all the medical booksellers' shops, and especially at your *own residence*, which is to be carefully pointed out in the newspapers. But besides these announcements, you are frequently to advertise your lectures on a new and specific plan. Not only are all the *diseases* on which you descant to be minutely enumerated in the advertisement, but the principal *symptoms* of these diseases are to figure in the columns of the Times, Herald, and other fashionable papers. These are your golden advertisements.*

You are also to publish, through every possible channel, a monthly or quarterly numerical view of your public practice, according to a peculiar plan of registry of your own. The following specimen will afford you some idea of the plan.

Of 1000 patients treated at
—, during the month of
—, nine hundred were completely cured; 75 were greatly

relieved. This is an excellent and legitimate advertisement.

* It is not necessary, nor is it at all expected, that lectures should be actually delivered by those who keep them constantly advertised. That is quite a separate concern.

relieved; 15 absented themselves; 9 were discharged incurable; and 1 died.

In visiting out-patients of the hospital or dispensary, you should always leave your carriage or cabriolet at the door of the best house in the neighborhood of the patient. This will well reward you for the little additional walk.

MAX. VI.

You must, by all means, make a collection of diseased structures, by begging all morbid parts that your friends may meet with. It is not of the slightest importance that you should be acquainted with the histories of the cases. These specimens of *diseases*, or "BOTTLE IMPS," you are to keep ranged in the room where you see your patients, or in a neighboring apartment; and you should take care to show them to all your patients, telling them that these were the only cases which you failed to cure in your extensive practice, and that they are now bottled up for the benefit of the living, as they enable you to detect diseases with unerring certainty. This is a measure of the very first importance.

MAX. VII.

Write a book; or rather get some literary hack to write one for you, and dedicate it at once to the general reader. Medical men have neither time to read, nor money to buy the tentative essays of their contemporaries;—address yourself, therefore, boldly to the whims, prejudices, fears and foibles of the public. In your book, there is no occasion to investigate principles, but only to display the superiority of your own practice. Let your work therefore be studied with desperate cases, all terminating favorably, after the first

men in the profession had failed. Give no other names or places of residence except the Duke of A—, the Marquess of B—, the Earl of C—, and so on; and never descend lower than an M.P. Interlard the cases with extracts of letters from your patients, describing their complaints, and the great efficacy of your medicines. Dedicate your work to some fashionable physician or surgeon, from whom you will be sure to receive a complimentary letter that will be very serviceable on many occasions afterwards.

Supposing (which is not very likely to be the case) that you have made any useful discovery in medicine or surgery,—you are not to be such a simpleton as to reveal it openly to your professional brethren, who would instantly take advantage of it, without thanking you for your candor. No. You are to manage this point with great care and caution. A complete concealment of the remedy would subject you to the imputation of quackery; but you may throw such obscurity about the preparation, the dose, the administration, &c., of the medicine, while at the same time you dilate so amply on its miraculous efficacy, as to draw to yourself the whole practice of the remedy. If it be a piece of surgery, as straightening a crooked spine, widening a narrow channel, removing a troublesome excrescence, or, in short, performing any operation, then you are to show that a peculiar manual dexterity, which cannot be described in words, has given you a facility and success quite worthy the attention of the public.

MAX. VIII.

If you are dubious of success, become a violent sectarian or po-

litician. You will then be sure of employment among one party. Half a loaf is better than no bread.

MAX. IX.

The Grand Secret.—The key-stone maxim on which all the great principles of medical ethics rest, has not yet been stated. It is to occupy a great portion of your nightly studies and daily avocations. You should not move a step without it. It is to the medical practitioner what the compass is to the mariner,—what the pillar of light was to the wandering Israelites. It consists in the constant habit or practice of *extolling yourself, and depreciating your neighbor*. This is, fortunately, not only the most useful maxim, but it is that which is most easily put in execution, and has the widest field for its application. No day in the week, nor hour in the day, can pass without presenting you with abundant opportunities for working this grand engine of advancement. It has this advantage, too, that it may be practised, by way of amusement, at those periods when you have no other kind of practice on hand. All your friends can assist you in this way, without opening their purses; and a gossiping female, with a long and nimble tongue, may go far to make your fortune.

It is of great importance, however, that you should acquire adroitness and tact in the exercise of this leading maxim. Gross self-flattery may draw on you ridicule; and open defamation of your neighbor might draw on you the harpies of the law. Thus, suppose you are called in to a dangerous case, where another practitioner has been before you.

You are not to say, in the presence of competent witnesses, that your predecessor had murdered, or poisoned, or ruined the patient. For doing so, £500, with costs, were paid not a thousand years ago. If you have a particle of expression in your countenance, you may, by looks, and gestures, and tones, and monosyllables, effectually harrow up the feelings of the parents or friends, and convince them that the life of the patient has been endangered or lost by the practice hitherto pursued.

"Sunt verba et voces quibus hunc, vexare, dolorem."^{*}

The less danger there is in the case, the more decidedly must you make it appear that there is *now* scarcely a chance of recovery; but nevertheless you will make one effort to save life. A cure performed under such desperate circumstances, will greatly spread your own fame, while it fulfils the other part of the grand maxim, by depreciating your neighbor.

In all cases, without exception, where you are separately applied to as the secondary or ternary

consultant, you are to express your regret that you had not seen the case before it had gone thus far. By this expression you do not entirely violate the truth, and even if it comes to the ears of the former consultants, you may defend the expression, as one used by the very first authorities in the profession.

In consultations, and especially in this metropolis, it is necessary to be a little cautious how you express or insinuate disapprobation of your brethren;—and *lions* from the country often get themselves into difficulty in this way, when first settling in London. Still, although it may not be prudent to assume any superiority on your own part, or inferiority on the part of your colleagues, you are never to lose sight of the principle, but to manœuvre so that the patient or friends may *infer* that superiority which you dare not openly *claim*. This may be done in a thousand ways, by a man of ingenuity. Thus, suppose you are called in when an acute inflammation has been subdued, or all but subdued, by active measures, and yet where pain, irritability, or other unpleasant feelings remain: you are strongly to insist on an anodyne, which could not have been safely prescribed before. The consequence will be a tranquil night, blessings on the new doctor and his prescription, and as a necessary corollary, a reflection on the previous treatment.

Suppose, on the other hand, some acute or subacute inflammatory action arises in the course of a chronic and obscure complaint, and you are called in at this juncture: you are immediately to recommend moderate deple-

* The writer of this article is now attending the wife of a tradesman, who had been under the care of a respectable practitioner in Southwark, and who recommended his patient to go into the country for a few weeks, giving her, at the same time, some prescriptions for her use. She went to a village fourteen miles from town; but not getting better, she sent for a practitioner of the place, and showed him the prescriptions of the other gentleman. He did not mince the matter, but exclaimed at once, that she might just as well have been swallowing arsenic all the time, as the medicines she had been taking! She believed it,—came back to town soon afterwards,—and discarded her former medical attendant without his knowing why or wherefore! Nothing is more common than this practice.

tion (the measure, in fact, which was about to be employed by the previous attendants); the consequence of which will be, a temporary amelioration of symptoms, and a conviction, on the part of the patient and friends, that this depletive measure ought to have been long before employed. If the chronic disease, on which the acute or subacute supervened, be of a necessarily fatal nature, you are to give pretty strong hopes to the family of recovery, especially if the prior attendants had expressed their doubts on this point. The falsification of your hopes by the final event, is not of the slightest consequence. You will have injured your colleagues, mean time, in the opinion of the friends (for the last opinion is always considered the best), and you will have plenty of time to modify your prognosis afterwards; and, as the fatal catastrophe approaches, to fling the blame on your neighbors, by insinuating that, had more active measures been early employed, the event would have been different. This is a first-rate maxim, and is one of great power when artfully executed.

If an opinion has been given by your colleague or colleagues as to the nature or seat of the disease, you are always to give an opinion somewhat different, and take care that the parents or friends of the patient know it. If no dissection takes place, you are triumphant, because you can maintain positively that you were right, and that the others were wrong. If a *post-mortem* examination is permitted, you must still show your skill and dexterity by making the pathology correspond with the diagnosis. Nothing is more easy than this, to a man of

parts and *pretensions*. Suppose, for example, that a man dies after you had pronounced that the disease was inflammation of the brain. When the scull-cap is removed, you are to knead the brain with your fingers, in the same way that a baker kneads dough in a trough, under the pretence that you are feeling for abscesses. On prosecuting the dissection, you will find some portions of brain softened down by the above process. These you are to scrape off on your scalpel, and triumphantly show them round as portions of *suppurated brain*. It is of no consequence that there should be no injection of vessels, or other marks of inflammation: these have all disappeared before death, leaving the purulent matter to prove the correctness of your diagnosis. In short, there is no part of the body in which a fertile imagination and a good modicum of effrontery may not easily make out traces of disease for the purpose in question. And having once found or formed these, you are to declare that it is quite unnecessary to seek for causes in any other places, when they are so evident in the place predicted before death. If a further dissection be insisted on, and more morbid anatomy turns up, you are to ridicule the idea of the latter having anything to do with the disease. All other morbid appearances than those which suit your purpose, are to be voted occurrences in the agonies of death.—*Med. Chir. Review.*

II.

DIVISIONS OF SMALLPOX.

THE Medical Gazette has begun again to give us histories of the pro-

ceedings of the London Medical Societies. The following dispute on Smallpox may not be without interest to our readers.

DR. GREGORY stated, that, relying on what he had read and had been taught in lectures, he had entered into practice with the impression that the severity of smallpox was, in the great majority of cases, in the direct ratio of the number of pustules; but that he had soon found other circumstances of more importance than the one alluded to, and had ultimately been led to arrange the different varieties of smallpox under the five following heads:—

1. What he called the *superficial* form of the disease—in which the eruption, whether copious or scanty, was fully developed on the skin with a well-marked scarlet areola round the pock, and with little or no affection of the fauces or air passages. This form always does well, however copious the crop of pustules may be.

2. The *cellular* form, in which the variolous action extends from the skin into the subjacent cellular texture, and in which the glands about the throat, axilla, and groin, become implicated. This extension of the disease is apt to show itself at a late period, giving rise to boils, abscesses, and other mischiefs, which greatly retard convalescence, and occasionally prove fatal. He had known a patient die from an abscess forming under each scapula.

3. The *laryngeal* form, in which the variolous action extends to the mucous membrane of the fauces, larynx, and trachea, interfering essentially with the function of respiration, impeding

the oxygenation of the blood, and being, in consequence, attended with a peculiar claret color of the pustules. The other mucous membranes, as those of the alimentary canal, bladder, vagina, &c., are incapable of taking on the variolous action; but in the larynx it sometimes runs so high as to produce sloughing—a specimen of which the Doctor exhibited. Even the eye, which so frequently suffers from smallpox, Dr. Gregory affirms to do so from common inflammation only; the pustule on the cornea not appearing till the eruption is on the decline, and therefore not being a primary or essential feature of the disease. This form of smallpox is very fatal; the eighth and ninth days being those of danger.

4. Some persons, especially those liable to cerebral affections, die at an earlier period—generally *within* the first eight days. These cases are ushered in by fierce delirium, succeeded by symptoms of effusion into the brain. Corresponding appearances present themselves on examination after death. To this variety the Doctor gives the name of *nervous* smallpox; and he believes it to depend not on inflammation, but on a specific or *variolous* action. That it is not, strictly speaking, inflammation, is rendered probable by the fact of the blood, when drawn at this time, not exhibiting the buffy coat, and by the little benefit derived from bloodletting.

5. The last variety is regarded as depending on the *dissolution* of the blood—marked by petechiæ, passive hemorrhages, &c. From this, Dr. Gregory never saw any patient recover who was not guarded by previous vaccination.

Rather an animated debate fol-

lowed, the general result of which was, that most of those who had seen anything of smallpox, recognized the divisions proposed by Dr. Gregory as correct, and leading to useful practical consequences: still they were not admitted as distinct *species*, nor as having their seat in essentially distinct tissues—or, at least, when any besides the skin and mucous membranes were affected at all, such affections were held to be only common inflammation.

III.

CASE OF THE CURE OF OPEN CANCER, BY THE EXHIBITION OF THE CHLORIDE OF SODA.

By THOMAS BUCHANAN, C.M.

SIR,—I shall feel obliged by the insertion in your valuable Journal of the following history of a case of open cancer, cured by (what I presume to be) a new mode of treatment, after other modes had failed.

Jane Spencer, æt. 53, of Burton-Pidsey, in Holdernets, was under my care, about two years ago, for cancer of the right mamma. She had been several years affected with this dangerous and insidious disease, and had applied to various practitioners, in particular to the late Dr. Alderson, who advised extirpation as the only means of saving her life. When she applied to me, the right breast was ulcerated to the extent of about two inches in diameter, including part of the nipple, and extending towards the axilla, with darting pains in the breast, thorax, and armpit. As the patient was determined against any operation, I applied the tincture of iodine over the whole of

the breast, and dressed the wound with the ung. resin. comp. The ulcer healed gradually, but slowly; the pains diminished speedily; and in four days from the first application she was entirely freed from suffering. The parts, when healed, remained considerably indurated, but showed no loss of substance. This woman was one of those patients mentioned in my late work.*

In this state the breast continued nearly twelve months, when, in the beginning of June, 1829, the whole of the indurated parts were thrown off, leaving a foul fetid ulcer of upwards of two inches and a half in diameter, which speedily discharged a quantity of thin, bloody, fetid sanies. All her former symptoms of darting pains in the breast, thorax, axilla, and abdomen, returned with redoubled violence.

The patient continued to have the ulcer dressed with such ointments as she could procure, until it became so nauseous, from the fetid smell of the discharge, as to affect not only her own health, but that of her son, who dressed the wound. In this state she came to Hull, and applied to me, alleging "that as she had found benefit formerly, she felt assured that I could do her good this time also." Having, prior to this period, frequently used a weak solution of the chloride of soda as a gargle in ulcerations of the mouth and throat, as well as in foul ulcers, I was induced, from these circumstances, to apply this powerful medicine in the case before me, and of the following strength:—

* Essay on the Treatment of Diseased Joints, and the Non-union of Fracture, &c.

R. Liq. Chor. Sodæ 3 vi.
Aqua Distill. 3 viij. M. f. Lotion.

I dipped a pledget of lint into this lotion, and applied it to the diseased portion of the breast, with directions to keep the parts constantly moist with it; and also to take two table-spoonsful of the solution three times a day.

The following day the discharge was changed to the color and consistence of cream, totally divested of its fetid disagreeable smell. The ulcer healed rapidly; the whole of it was soon covered with healthy skin; forming, however, a considerable depression, occasioned by the loss of substance, as if part of the mamma had been dug out. The cure was completed by the latter part of June, 1829, being little more than ten or twelve days from the time of the first application of the solution of the chloride, and with only six bottles of the above, which were used indiscriminately as mixture and lotion. The patient was employed in the harvest following, and as she expressed it, "wrought in better health and spirits than she had done for these last twenty years."

It may perhaps be asked, that as I lay claim to originality in the mode of treatment, why was this case not published prior to that of Mr. Fielding, of this place? To this I beg leave to reply, that I wished to ascertain whether or not the cure would be permanent; and also to collate a few similar cases before publication, and thereby, if possible, obviate any unfavorable impressions which your late critique on my work might create, where it was remarked—"Mr. Buchanan undoubtedly merits commendation for the zeal he has displayed in

his trials of the medicine (iodine); however divided opinion may be on the results. For our part, we believe the author has been led away by that leaning in its favor, which all men must feel in pursuing a particular inquiry."*

Bearing in mind these circumstances, I therefore abstained from publication on this subject, and waited patiently the result of time, that great test of human discovery, in order to remove any shadow of doubt as to the permanency of the cure. But learning, through the medium of the *Gazette* (No. 92, p. 430), the very excellent cure of an open cancer by Mr. Fielding, I then certainly thought it my duty to lay before you the history of the case.

Enclosed is a note received from my friend Dr. Chalmers, one of the Physicians to the Hull Infirmary, after his examination of the patient, expressing his opinion of the cure. Your insertion of the history of this case in your *Journal*, will much oblige, Sir, &c.—*Med. Gaz.*

IV.

FRACTURE OF THE VERTEBRAL COLUMN
—SYMPTOMS OF COMPRESSION OF
THE CORD—COMPLETE RECOVERY.

EXAMPLES of complete recovery after fracture of the vertebral column are rare; we therefore give insertion to the following, which has very recently occurred in the Hotel Dieu, Paris.

L. Jean-Marie, a mason, aged 28, of sanguineous temperament and robust frame, was admitted at the above hospital Sept. 3d. On the 27th of August he fell

* *Medico-Chirurgical Journal*, Dec., 1828.

from the second floor of a house, and fractured his back at the site of the tenth dorsal vertebra: the existence of fracture was ascertained by M. Berard: the patient had been bled four times during six days, by a medical man who was called immediately after the accident. At the moment of the fall he became insensible, but this state soon passed away, and it was not till the second day that signs of compression were evinced by paralysis of the left inferior extremity, at which time symptoms of inflammation had come on. On his arrival at the Hotel Dieu, he was bled again.

Sept. 4th.—At the visit to-day the fracture of the vertebral column was manifested by a considerable projection of the last dorsal vertebra, which formed a curve of three inches, the convexity of which was towards the right, and, of course, the concavity to the left. No attempt was made to verify the existence of fracture, by producing crepitus, as it was feared by so doing the fragments might be thrown into a less favorable position. The left leg was without sense or motion; the right retained its functions, as did the bladder and rectum. The patient was placed in a position as nearly horizontal as possible, the loins being supported on a hollow pillow. A sheet was folded like a cravat, and passing

across his chest, was fixed to the bars of the bed, so as to retain him in the recumbent posture. During the night (4-5th) he had delirium, with febrile reaction. He was bled to the extent of three palets, and twenty-five leeches were applied in the course of the jugulars.

5th.—The patient calmer, notwithstanding which, a strait waistcoat, which had been put on the preceding night, was retained. He was cupped on each side of the spinal column, at the seat of injury.

7th.—The cerebral symptoms gone, but the paralysis of the left lower extremity continues. Cupping repeated as before.

From this time gradual improvement took place, but the patient was rigorously prevented from moving, and no examination of the fracture ventured upon. By degrees, the sensibility and power of motion returned in the paralytic limb: by the end of September the former was nearly restored, but the latter came more slowly.

Oct. 14th.—The sensibility and power of motion are now nearly the same on the left side as the other: the projection of the vertebræ, though still perceptible, is much less than before. He has not yet been allowed to move from his bed, but his recovery is regarded as secure.—*La Clinique*.

SKETCHES OF PERIODICAL LITERATURE.

ULCERATION OF THE STOMACH.

A REMARKABLE case of this sort is mentioned in the Midland Medical Reporter, which occurred under the

following circumstances:—The patient, a man 50 years of age, had been always healthy until within eight months of the time when he

applied for advice. During this period he had been contracting the habit of drinking considerable quantities of liquor, to which he had previously been wholly unaccustomed. He had lost his appetite, and relished nothing but beer; had no pain, but an uneasy sensation in the stomach, and frequent vomiting. On subsequently noticing the case, it appeared that this vomiting generally occurred from two to three hours after taking food; the matter thrown up was dark-colored, and very offensive. This state of things continued for four or five weeks, when the bowels, which had all along been moved by enemata, became very much constipated, and mechanical means were resorted to for relieving the overloaded rectum. When this object was effected, a remarkable change took place in the symptoms; the uneasiness at the stomach was relieved, and the vomiting ceased. The bowels were afterwards kept open with *ol. ricini*, and the vomiting did not recur; but in the mean time the strength gradually failed, and death occurred nine weeks from the commencement of the treatment.

On examination, the pyloric orifice of the stomach was found very much contracted in size, the substance of the organ in its vicinity thickened, and the mucous membrane ulcerated. The duodenum, for several inches, was in like manner ulcerated and thickened. The substance surrounding the orifice was hard and scirrhus; but above and below, the stomach and intestine were reduced to a pulpy mass, so fragile as to yield to the slightest

force. The colon and rectum were found very much thickened in their coats, and the calibre so much contracted as in many cases to afford scarce a passage for the rectum bougie. The other intestines appeared healthy.

The circumstance most worthy of remark in this case, was the error into which the practitioner might be led under such circumstances, when the vomiting was relieved by the evacuation of the rectum, of supposing the disease in the stomach to be only sympathetic, or at least secondary to that which existed below. The true state of the case was anticipated in a great measure by the medical attendants, but there was certainly room for a mistaken prognosis, which would have been followed by unpleasant consequences.

POISONING.

Two cases which lately occurred in Worcester, Eng., presented symptoms somewhat different from those which are usually induced by the articles taken.—A child, five years of age, had swallowed, as was supposed, a small quantity of sulphuric acid. Being seen immediately after, a quantity of magnesia and lime water was administered, and vomiting provoked by irritating the fauces. This process produced resistance and crying on the part of the child, but after it was over, no farther pain was complained of, and he shortly fell asleep. The state of the mouth and throat, however, gave sufficient reason to suppose that some of the poison had been swallowed; and the medicines were ordered to be continued. Four hours

afterward, he was found asleep, with heavy and sonorous respiration. In the interval he had vomited once. Pressure was made on the stomach, but it could not be ascertained that the slightest tenderness existed there; neither was there any tension or fullness of the abdomen. Six hours after this he died; and on examination, a large portion of the mucous membrane of the stomach was found to be entirely destroyed.

In the other case, a woman swallowed about half an ounce of arsenic in gruel, for the purpose of self-destruction, which she completely effected. Death took place in about four hours. On examination, there was no decided erosion of the ventricular coats, though the internal surface was highly vascular, and appeared to have been greatly inflamed.

LACERATIONS OF THE PERINEUM.

DR. DIEFFENBACH, of Berlin, has suggested a new, and, as it would seem, an improved method of treating these lacerations, when they occur in the worst form; that is to say, so extensive as to produce a communication between the rectum and vagina, and render the patient incapable of retaining the feces. In this state of things, Dr. D. leaves the parts untouched for several weeks, until the patient has recovered from the exhaustion caused by the labor, and has gained sufficient strength to retain for a considerable time a uniform position. The bowels are then perfectly evacuated by cathartics and injections, and afterwards opiates are given to a sufficient extent to secure constipation for eight days.

The first step of the operation is to cut away the indurated edges of the laceration, so that the two surfaces which are to be united may perfectly correspond. The wound is then to be brought together, at the central part, by a strong knotted suture, introduced in such a manner as to pass through the loose cellular texture at the bottom of the wound; two small needles, with twisted sutures, are to be introduced through the lips of the wound, on the vaginal side of the principal suture; the little slit in the rectum itself to be united by two small twisted sutures, introduced with small stitching needles; and lastly, two twisted sutures to be passed through the wound, between the rectum and central suture. The ligatures and ends of the needles must be cut away as close as possible.

All this, however, forms but a part of the operation. The remainder, which is original with Dr. D., consists in making two incisions,—one on each side of the wound,—of equal length, and each slightly concave towards it. The object of this is to take off all tension of the parts which would tend to separate the sides of the principal wound, and to enable them to remain in perfect contact, notwithstanding those movements on the part of the patient which must necessarily be made while the process of union is going on. Bandages, pessaries, sponges, and other mechanical means usually resorted to for keeping the parts in apposition, are by this mode of operating rendered wholly unnecessary.

The treatment consists in the employment of cold poultices, thorough

ablution of the parts, and low diet. On the fourth or fifth day, saturnine lotions are substituted for the poultices, and charpie applied to any surfaces which are suppurating. The lateral incisions require no particular treatment, as they are covered at first by the poultices, and may afterwards be dressed with charpie till they heal up.

In a case operated on in this manner, which is described by Dr. D., every part adhered firmly at the end of eight days, except a small fissure in the rectum, which healed by granulation before the end of the fourth week. The patient, who had been reduced to great misery by the unceasing involuntary discharges of flatus and feces, was thus restored, within a month, to a state of perfect health.

GASTRIC IRRITATION FROM PREGNANCY.

OF all the constitutional affections produced by the pregnant state, none perhaps produces greater distress than the obstinate vomiting which so frequently accompanies its early stage. A case is mentioned in a late journal which resisted the suc-

cessive use of effervescing mixtures, cathartics, enemias, calomel, laudanum in various combinations, venesection, local bleeding, blisters, and finally hydrocyanic acid, all which were administered in the space of eight days. The acid produced a cessation of the vomiting for three hours, after which it returned with equal violence as before. The disease appeared at last to subside spontaneously, the stomach having reconciled itself to the new state of things in the system. The pregnancy went on well, and the patient, in due time, was delivered of a healthy child.

ANGINA PECTORIS.

THE most common view which is taken of the proximate cause of this disease, is that which attributes it to ossification of the great vessels of the heart. In a case lately reported in a foreign periodical, the heart was found, on dissection, to be healthy, but the liver was extensively diseased. Such are the uncertainties of medical science. If all diagnoses of diseases could be subjected to this test of after-examination, we might hope for a material improvement in this important department.

BOSTON, TUESDAY, JANUARY 5, 1830.

NEW WORK.

AMONG the medical productions recently from the English press, is a work in three parts, by MICHAEL WARD, M.D. S.R.C.S.L., *late Surgeon to the Manchester Infirmary, &c.* The sum total of the contents

of this work is, that burns and scalds may be cured by common wheat flour. If the reader were to peruse the whole of Dr. Ward's learned production, he would get just as much information as is contained in these few words,—and, we may add, no more. The same fact he has been

apprised of for many months, through our own pages and those of every medical Journal, and almost every newspaper in this country and Great Britain. In speaking of this work, the English reviewer very pointedly remarks :—

“ In typography, it is the most curious intermixture of Roman, capitals, and Italics, we have ever witnessed ; and in medicine, the most felicitous blending of cases, comments, correspondence, notes, corrections, and commendations, that can possibly be imagined,—a model of scientific arrangement, and monument of professional ingenuity. There is literally nothing new in it, and yet, *mirabile dictu*, that nothing is divided into three parts.”

PHTHISIS PULMONALIS.

A CIRCUMSTANCE attending this disease, which has perhaps attracted less notice than its importance deserved, is the inflammatory process which occurs previous to its fatal termination in the mucous membrane of the alimentary canal. The occurrence of aphthæ within the mouth and throat, in the last stage of phthisis, is a familiar fact ; but the extension of the morbid action to the stomach and intestines is not generally alluded to as a probable occurrence in this stage, by those who have treated of the disease. A circumstance which might lead us to suspect this to be the case, is the frequent occurrence of severe and obstinate diarrhœa at this period. In the examination after death of phthisical patients, a diseased state of the intestines is very frequently noticed. We have had our own attention called to this fact very recently, by wit-

nessing the post obit appearances in a female patient who died with diseased lungs, and in whom the organs were found tuberculous. The intestines exhibited a succession of ulcerated passages, of considerable size, through nearly their whole extent. Yet the symptoms during life were referred wholly to the lungs ; and there were no more than the usual reasons for supposing that any disease existed elsewhere. This point of pathology deserves, we think, a fuller investigation than it has yet received.

There is still another fact which is seldom, we believe never, noticed in standard works on consumption, and which might be considered in connection with that to which we have alluded. Even in the early stages of this complaint, a paroxysm of coughing is often induced by taking food, and continues till the food is rejected. Where this has occurred, we have never known a recovery to take place ; so that when, in conjunction with the usual symptoms, this has been observed, it appears to us more decisive of the fate of the patient than any one circumstance so early in the history of the disease.

CATARRHAL COUGH.

THE consequence of taking many of the advertised Essences, Elixirs, &c., containing alcohol, opium, and a stimulating essential oil or gum, in producing inflammation of the pleura and lungs, and general fever, have proved so serious, that at this period of the year we consider it our duty to caution our readers against such dangerous articles, and to recommend to them the composition of the in-

spissated white juice of the garden lettuce, extract of liquorice, gum arabic, tolu, &c., first introduced into practice by Professor Duncan, under the name of Lettuce Lozenges; which, by promoting expectoration and perspiration, allaying irritation in the internal membrane of the windpipe, and abating fever, speedily remove both the cause and effects, and which, at the same time, under any circumstances or condition of the system, are incapable of doing mischief. In all the elixirs, essences, tinctures, &c., advertised as infallible remedies for cough,—and we believe we have analyzed nearly all of them,—we have detected opium, combined with an aromatic, and alcohol. The opium allays the irritation in the windpipe, but by checking expectoration and disturbing the nervous system, they occasion congestion of the vessels of the lungs, &c., excite fever, and thereby often convert a simple case of catarrh either into pleurisy, inflammation of the lungs, or inflammatory fever. Trusting to the false promises of the unprincipled proprietors of certain cough-drops, elixirs, &c., many thousands have continued their use till disease has taken place in the lungs, which lays the foundation of fatal consumption. *Gazette of Health.*

Incipient White Swelling.—Mr. Bayle has published a case of “Incipient White Swelling,” in which the tincture of iodine, administered in the dose of twenty drops twice a day, in a wineglassful of water; and

the application of a liniment composed chiefly of a solution of iodine, as the following, succeeded in effecting a cure:—

Take of Barbadoes Tar, two drachms;
Iodine, twenty grains;
Oil of Almonds, two oz. Mix.

To be gently rubbed over the affected joint every night and morning, or three times a day.—*Ib.*

Retention of Urine.—Mr. Wakley relates a case of retention of urine which lately occurred in St. Bartholomew's Hospital, under the care of Mr. Earle. The patient had suffered very much from stricture of the urethra for about twelve months, which continued gradually to advance till he was only able to evacuate the bladder by drops. During his confinement in the Hospital, a complete retention took place, and the bladder becoming enormously distended, with symptoms of inflammation, Mr. Earle made several efforts to introduce a catheter; but finding it impracticable, he punctured the bladder *above the pubis*, when about three pints of thick unhealthy urine escaped. He soon became much easier. The next day he was considerably better, after which the pain &c. continued gradually to decrease, and the urine to pass freely through the catheter.—*Ib.*

Variola.—The smallpox is prevailing at Quebec, and the varioloid disease, it is said, is not an uncommon occurrence.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING DECEMBER 26.

Date.	[Sex.]	Age	Disease.	Date.	[Sex.]	Age	Disease.
Dec. 20.	F.	18 mo	whooping cough		M.	50 yrs	unknown
	F.	2 yrs	burn		M.	11 mo	lung fever
21.	M.	23	suicide	24.	F.	18	measles
	M.	29	consumption		M.	23 yrs	dropsy on the brain
	M.	18 mo	unknown		F.	80	old age
22.	F.	4 yrs	croup	25.	F.	57	liver complaint
23.	M.	21	consumption	26.	M.	9 mo	dropsy in the head
	M.	26	nervous fever	Males, 9,—Females, 6. Total, 15.			

ADVERTISEMENTS.

NEW MEDICAL BOOKS.

JUST published, and for sale, by **CARTER & HENDEE**,—Malaria; an Essay on the Production and Propagation of this Poison. By **JOHN McCULLOCH**, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By **I. A. SAISSY**, M.D. Translated from the French, by **NATHAN R. SMITH**, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By **JAMES HAMILTON**, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

A Treatise on Pathological Anatomy. By **WILLIAM E. HORNER**, M.D., Adjunct Professor of Anatomy in the University of Pennsylvania, Surgeon at the Infirmary of the Philadelphia Almshouse, Member of the American Philosophical Society, &c.

Elements of Operative Surgery. Translated from the French of **A. TAVERNIER**, Doctor of Medicine of the Faculty of Paris, &c., with copious Notes and Additions. By **S. D. GROSS**, M.D.

MEMORIA MEDICA.

THIS day published by **CARTER & HENDEE**, corner of Washington and School Streets, *Memoria Medica*,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "*Memoria Medica*" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which

come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., **W. CHANNING.**
Dec. 8.

Published weekly, by **JOHN COTTON**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.